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HJB*

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. \_\_\_\_\_

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES  
BUREAU OF HEALTH SYSTEM REGULATION  
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Richard Sugarman, C.I.S.W.

Petition No. 920805-58-004

CONSENT ORDER

WHEREAS, Richard Sugarman, C.I.S.W. of Niantic, Connecticut (hereinafter "respondent") has been issued certificate number 001356 as a certified independent social worker by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 383b of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. Respondent provided individual counselling services to Patient A between approximately June 20, 1991 and June 10, 1992.
2. During the course of such counselling, respondent provided inappropriate treatment to Patient A, who has a multiple personality disorder.
3. On or about July 7, 1992, respondent breached Patient A's confidentiality by disclosing the contents of a letter written by Patient A to Lee King, an unlicensed and uncertified therapist with whom respondent associated in his practice, without Patient A's consent.
4. Respondent breached appropriate boundaries with Patient A by attending a house warming party given by her and by calling her frequently on

unplanned occasions and outside the guidelines of a specific treatment plan discussed with and agreed to by Patient A.

5. Between approximately 1991 and 1993, respondent associated in his practice with Ms. King, and referred patients to her, without providing professional supervision of her practice.
6. Between approximately 1991 and 1993, respondent failed to establish and maintain clear guidelines in his group practice regarding maintenance of client confidentiality, supervision of unlicensed or uncertified therapists, and the handling of client complaints.
7. Between approximately 1991 and 1993, respondent failed to obtain informed written consent from clients to treatment and/or to disclosures of client information to colleagues for peer review and other therapeutic purposes.
8. The conduct described in paragraphs 1 through 7 above constitute violations of Connecticut General Statutes §20-195p.
9. Respondent is certified as an independent social worker only in Connecticut, and does not have any applications for licensure or certification pending in any other state.

WHEREAS, respondent admits paragraphs 1, 3, 5, 6 and 9, and generally denies the Department's remaining allegations as set forth above, but wishes to resolve this action without the need for a formal contested hearing before the Commissioner of the Department or her designated representative, and agrees that this Consent Order shall have the same effect as if ordered after a full hearing held pursuant to §§19a-10, 19a-17 and 20-195p of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §20-195p of the General Statutes of Connecticut, Richard Sugarman, C.I.S.W., hereby stipulates and agrees to the following:

1. That he waives his right to a hearing on the merits of this matter.
2. That he shall comply with all federal and state statutes and regulations pertaining to his certification.
3. That he is hereby reprimanded.
4. That he shall pay a civil penalty of one thousand dollars (\$1,000) on or by the date he submits this executed Consent Order to the Department in the form of a certified check or money order payable to "Treasurer, State of Connecticut."
5. That his certificate is hereby placed on probation for a period of two (2) years, under the following terms and conditions:
  - A. He shall undergo a psychological evaluation at his own expense with a licensed psychologist approved by the Department within sixty (60) days of the effective date of this Consent Order, and follow all treatment recommendations made by his evaluator. Respondent's evaluator shall further directly provide the Department with a written report of the results of respondent's evaluation within ninety (90) days of the effective date of this Consent Order.
  - B. In the event treatment is recommended, respondent shall engage in the same with a licensed psychologist or psychiatrist, or a certified independent social worker (hereinafter "therapist") approved by the Department, on such basis as his therapist deems necessary, but in no event less frequently than monthly. Respondent shall provide a copy

of this Consent Order to his therapist, and the therapist shall provide the Department with written confirmation of receipt of the same and of his or her engagement in such capacity within ninety (90) days of the effective date of this Consent Order.

- C. If treatment is recommended, respondent shall be responsible for the provision of monthly written reports from his therapist directly to the Department. Such reports shall include, but not be limited to, documentation of dates of therapy; an evaluation of respondent's progress in therapy; and, an evaluation of his ability to practice as an independent social worker with reasonable skill and safety.
- D. Notwithstanding the requirement that respondent's therapist submit monthly reports to the Department during the term of respondent's probation, the therapist shall immediately notify the Department of any of the following:
  - (1) Any conduct or condition on respondent's part which does or may constitute a deviation from appropriate standards of care and conduct for his profession;
  - (2) Any conduct or condition which does or may indicate that respondent is unable to practice as an independent social worker with reasonable skill and safety;
  - (3) Respondent's discontinuation of therapy without prior written approval of the Department.
- E. If respondent's therapist determines that therapy is no longer necessary, that a change in frequency of therapy sessions is warranted, or that respondent should transfer to another therapist,

he or she shall advise the Department, and the Department shall pre-approve the same.

- F. Respondent shall at his own expense obtain the services of a certified independent social worker to supervise his practice during the term of probation. Respondent's supervisor shall be approved by the Department. Respondent shall provide a copy of this Consent Order to his supervisor, and the supervisor shall confirm receipt of the same and his or her engagement by respondent to act in such capacity, within thirty (30) days of the effective date of this Consent Order.
- G. Respondent's supervisor shall meet with him not less than once per month for the first twelve months of probation, and not less than once every two months for the remainder of the term of probation. The supervisor shall also review a minimum of 15 or 30% of respondent's patient records, whichever is greater, with the same frequency that he or she meets with respondent. If respondent has fewer than 15 patients, his supervisor shall review all of respondent's patient records. Respondent's supervisor shall further have the right to conduct any and all other activities and utilize any and all other methods of supervision and/or monitoring of respondent's practice which he or she deems reasonably necessary to effectively supervise respondent's practice. Respondent shall fully cooperate with his supervisor with respect to such additional methods of supervision and/or monitoring, and shall obtain in writing all patient consents necessary to allow his supervisor to conduct the

activities required by the terms of this Consent Order.

- H. Respondent shall be responsible for providing written reports from his supervisor directly to the Department monthly during the first year of the term of probation, and bi-monthly during the second year. Such reports shall include documentation of dates and durations of supervisory and monitoring activities, number and a general description of the patient records reviewed, a general description of other supervisory and/or monitoring activities engaged in, and an assessment of respondent's ability to safely and competently practice as a certified independent social worker.
- I. Notwithstanding the foregoing, respondent's supervisor shall immediately notify the Department of any conduct or condition on respondent's part which does or may constitute a violation of any law, regulation, standard of conduct or standard of care for his profession, and of any conduct or condition which does or may indicate that respondent is not able to practice with reasonable skill and safety.
- J. Respondent's supervisor shall immediately advise the Department in writing if he or she is unable for any reason to continue providing personal supervision of respondent's practice.
- K. All reports required by the terms of this Consent Order shall be due according to the following schedule:
  - (1) Monthly reports are due on the tenth business day of every month commencing with the reports due December 10, 1994.

(2) Bi-monthly reports are due on the tenth business day of every other month commencing with the reports due JANUARY 10, 1996.

- L. Respondent shall not associate in his practice with any unlicensed or uncertified therapist during the term of probation.
- M. Respondent shall not assume responsibility for the supervision of any other therapist, whether licensed or certified or not, during the term of probation.
- N. Respondent shall not provide individual treatment to any patient suffering from multiple personality disorder during the term of probation.
- O. Respondent shall attend and successfully complete a minimum of 50 hours of continuing professional education courses in the areas of boundary issues, professional ethics, and the treatment of multiple personality disorders during each year of the probationary period.  
All courses must be preapproved by the Department.

- 6. That he shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- 7. That he shall notify the Department in writing of any change in his home or business address within fifteen (15) days of such change.
- 8. That all correspondence and reports shall be addressed to:

Lynn Hurley, Investigator  
Public Health Hearing Office  
Department of Public Health and Addiction Services  
150 Washington Street  
Hartford, CT 06106

9. That any deviation from the terms of this Consent Order without prior written consent of the Department shall constitute a violation of this Consent Order. Any report received from respondent's therapist or supervisor which indicates that respondent is or may be unable to practice as a certified independent social worker with reasonable skill and safety shall also constitute a violation of this Consent Order. Respondent is hereby advised that he shall be responsible for the submission of all reports in timely fashion. Respondent agrees that periods of time away from his practice shall not relieve or excuse him from these obligations.
10. That any alleged violation of the conditions listed in 5A through 5K, inclusive or any alleged violation of any other provision of this Consent Order, may result in summary action to suspend his certificate, or in the following procedures:
  - (a) The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior consent for deviation from said term(s) had been granted.
  - (b) Said notification shall include the acts or omission(s) which violate the term(s) of probation or other term(s) of this Consent Order.
  - (c) Respondent will be allowed fifteen (15) days from the date of the mailing of notification required in 10(a) above to demonstrate to the satisfaction of the Department that he has complied with the terms of



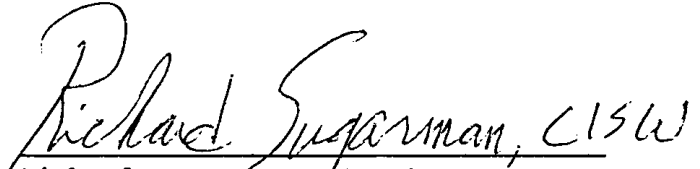
probation or the terms of this Consent Order, as applicable, or in the alternative, that he has cured the violation in question.

- (d) If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Commissioner or her designated representative who shall make a final determination of the disciplinary action to be taken.
- (e) Evidence presented to the Commissioner or her designated representative by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of probation, or to the alleged violation(s) of the terms of this Consent Order.


- 11. That the parties stipulate that any violation of the terms of this Consent Order constitutes an emergency and a clear and immediate danger to the public health and safety as defined by §4-182(c) and §19a-17(c) of the Connecticut General Statutes, respectively.
- 12. That any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
- 13. That legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department.

14. That this Consent Order is effective on the day it is approved and accepted by the Commissioner or her designated representative.
15. That he understands this Consent Order is a matter of public record.
16. That he understands that this Consent Order may be considered as conclusive evidence of the allegations set forth herein in any proceeding before the Commissioner or her designated representative (1) in which his compliance with this order is at issue, or (2) in which his compliance with §20-195p of the General Statutes of Connecticut, as amended, is at issue. Respondent specifically agrees not to contest said allegations in any such proceeding.
17. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.
18. That he permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance of the Department to present this Consent Order and the factual basis for this Consent Order to the Commissioner or her designated representative. Respondent understands that the Commissioner or her designated representative has complete and final discretion as to whether an executed Consent Order is approved or accepted.
19. That he has consulted with an attorney prior to signing this document.

I, Richard Sugarman, C.I.S.W., have read the above CONSENT ORDER, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this CONSENT ORDER to be my free act and deed.

  
Richard Sugarman, C.I.S.W.

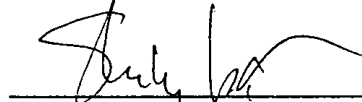
Subscribed and sworn to before me this 28<sup>th</sup> day of October 1994.

  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above CONSENT ORDER having been presented to the duly authorized and appointed agent of the Commissioner of Public Health and Addiction Services on the 17<sup>th</sup> day of November 1994, it is hereby accepted.

Commissioner of Public Health and  
Addiction Services

By:

  
Stanley K. Peck, Director  
Division of Medical Quality Assurance  
Designated representative

JPR/jp  
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05/16/94



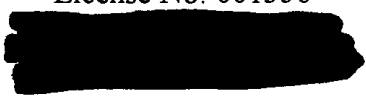
# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

December 4, 1996

Mr. Richard Sugarman  
400 Bayonet Street, Suite 304  
New London, Connecticut 06320

Re: Consent Order  
Petition No. 920805-58-004  
License No. 001356



Dear Mr. Sugarman:

Please accept this letter as notice that you have completed the terms of your probation, effective November 17, 1996.

Notice will be sent to our License and Registration section to remove any restrictions from your license related to this Consent Order.

Thank you for your cooperation during this process.

Very truly yours,

A handwritten signature in cursive script that reads "Bonnie Pinkerton".

Bonnie Pinkerton  
Nurse Consultant  
Legal Office

cc: Debra Tomassone



Phone: (860) 509-7651

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 121EC

P.O. Box 340308 Hartford, CT 06134

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